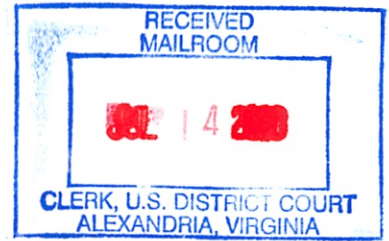


AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia



Simon Tusha

Plaintiff(s)

v.

Edge Mission Critical Systems, LLC, et al.

Defendant(s)

Civil Action No. 1:20cv726

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Diversitec,

Edge mission critical
Diversitec LLC
14321 Somerville Ct. Ste 100
Midlothian VA 23113 - 6837

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

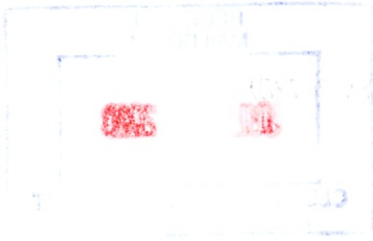
Simon Tusha
1060 Hidden Moss Drive
Cockeysville, MD 21030

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk



State Division (Critical)

Division (Critical)

Division (Critical)

Division (Critical)

Division (Critical)

Division (Critical)

Division (Critical)

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AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:20cv726

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia

Simon Tusha

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Edge Mission Critical
Diversitec LLC
14321 Somerville Ct. STE 100
Midlothian VA 23113-6837

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Simon Tusha
1060 Hidden Moss Drive
Cockeysville, MD 21030

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Civil Action No. 1:20cv726

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 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

Enclosed please find AO 440 Summons forms for defendant Edge Mission Critical Systems, LLC and Diversitec.

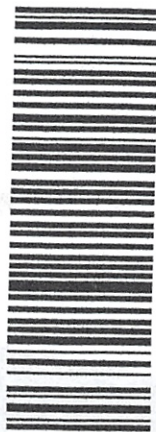
Please have the forms completed the “ADDRESS” for each defendant and return to Clerk, U.S. District Court, Eastern District of Virginia, 401 Courthouse Square, Alexandria, VA 22314 . Summons will be issued as soon as we received and will return it to you for service. If you have any further questions, you can reach the clerk’s office at 703-299-1201. Thank You.

From:

Simon Tushnet
1060 Hidden Meadows
Cockeysville MD 21030

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7020 0090 0000 3023 1302

ReadyPost®

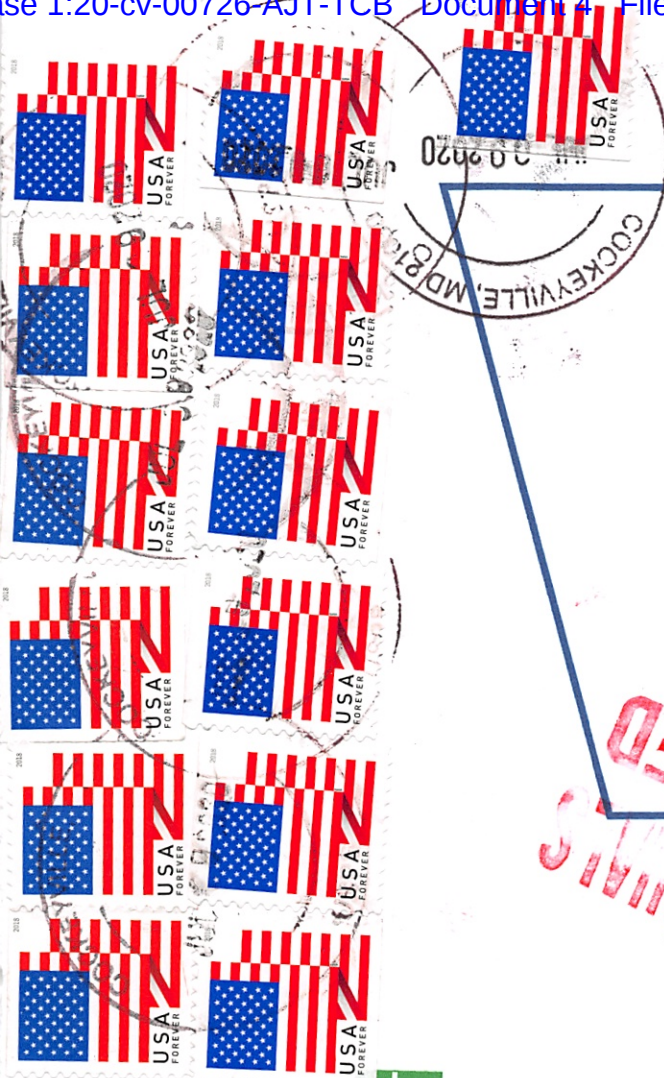
Document Mailer

INSPECTED

To:

Clerk US District Court
401 Courthouse Sq
Alexandria VA 22314

COCKEYSVILLE, MD 21030



UNITED STATES
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0 15645 72738 0

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

401 Carthouse Sq
Alexandria VA 22314



9590 9402 5983 0062 1891 53

2. Article Number (Transfer from card)

7020 0090 0000 3023 1302

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt